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Only

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Graham for Congress PO Box 310 ADDRESS (number and street) (Check if address is changed) Tallahassee 32302 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS gwen@gwengraham.com (Check if address is changed) Optional Second E-Mail Address jennifer@nextlevelpartners.net COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.gwengraham.com (Check if address is changed) DATE 2015 C00543249 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mark Logan Type or Print Name of Treasurer Mark Logan [Electronically Filed] 07 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

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